## Michigan State Police Michigan Commission on Law Enforcement Standards Pre-Enrollment Physical Fitness Examination

## PHYSICIAN'S HEALTH SCREENING FORM

Exan	ninee's Name: (print	t)					
Addr	ress:	Social Security Number *					
City,	State, Zip:		Driver's License No				
	e to Examining Physollowing exercises:	sician: Examinees	who tak	e the Physica	ıl Fitness Examination will l	have to perform	
1.	Vertical Jump	The examinee performs 3 standing vertical jumps, one jump at a time, jump as high as possible each time.				a time, jumping	
2.	<u>Sit-Ups</u>	The examinee must complete as many sit-ups as possible in 60 seconds. The back must be flat on the mat, knees bent 90%, feet flat on the floor, hands overlapped behind the head, without interlocking their fingers.					
3.	<u>Pushups</u>	The examinee must complete as many pushups as possible in 60 seconds. The hands must be shoulder width apart on the floor, elbows extended, locked out; feet no more than 6 inches apart; legs, hips and torso move in the same plane.					
4.	One-half Mile Shuttle Run	The examinee runs 15 round trips between two pylons placed 88 feet apart for time.					
Му l		above identified	person	reveals <u>no a</u>	he date of the examination pparent reason why this ex		
Physician's Signature					Date		
Phys	ician's Name (Printe	ed) Phone N	lo.		Medical License No.		
Stree	et			City	State	Zip	
	ninee: You must b ician, when you con				signed and completely fille tness examination.	ed out by your	
Examinee's Signature					Date		
*This	information is Confiden	ntial. Disclosure of con	ıfidential	information is	protected by the Federal Privacy	Act.	
TC-50 (02-04) (DESTROY PREVIOUS VERSIONS)			Authority: P.A. 203 of 1965. Compliance: Voluntary-necessary before testing. Penalty: No admission to test.				